to persist in putting the same question for which an answer is already given, I have a right to defend myself.

Sri U. M. MADAPPA.—When are you going to submit your reply to this House regarding the framing of rules ?

Sri T. SUBRAMANYA.—It is not possible to give the time. I will examine the question. If the Hon'ble Members want that answer, I will give it to them. If the procedure adopted is not according to law, then we have the right to change it. I expect that it is in accordance with law. If the law provides for it, I will certainly take the House into confidence and tell them whenever they want.

Sri U. M. MADAPPA.—I am putting the question in the interest of the public. It does not pertain to one Member. I want to ask the Minister when he is going to supply that answer to the House regarding that matter.

Sri T. SUBRAMANYA.—Whenever you want.

Sri U. M. MADAPPA.—Before the close of this session ?

Sri T. SUBRAMANYA.—I cannot commit to time. I will get it examined. The Government is expected to do every thing according to law.

BUDGET ESTIMATES FOR 1960-61—DEMANDS FOR GRANTS

Nos. 21, 22 & 24.

Sri K. K. HEGDE (Minister for Health).—Mr. Speaker, Sir, let me at the outset thank the Members sincerely for some of the constructive suggestions made.....

Sri J. B. MALLARADHYA (Nanjangud).—Sir, I rise to a point of order. Is the Hon'ble Minister replying to the debate ?

Mr. SPEAKER.—Yes.

Sri J. B. MALLARADHYA.—This cuts into the non-official business. This day is allotted for non-official business. How is the Government entitled to cut into the privileges of the non-official Members ? I want to know why this procedure is being adopted.

Mr. SPEAKER.—Yesterday, we decided that the Minister should take one hour or so ; there is no Question Hour today, and therefore, the time that is allotted to non-official business is not curtailed.

Sri J. B. MALLARADHYA.—Even if he is going to take about an hour, it will take away 15 minutes out of non-official business. This is going to set up a very inconvenient precedent.

Mr. SPEAKER.—3½ hours will be given for non-official business.

Sri G. SIVAPPA (Chitradurga).—I rise to a point of order.

ಅಧ್ಯಕ್ಷರು.—ಎರಡು points of order ಒಂದೇ ಕಾಲಕ್ಕೆ ಹೇಗೆ ಬರುತ್ತವೆ ?

(Sri G. Sivappa tried to interrupt.)

Sri J. B. MALLARADHYA.—I protest against this kind of meaningless attack. I as an Hon'ble Member of this House raise a point of order. You may definitely rule it out of order. But to take frivolous objection on a point of order is absolutely out of order.

Mr. SPEAKER.—The point is, Sri Sivappa will be given a chance after your point of order is finished, because two points of order cannot be raised simultaneously.

Sri G. SIVAPPA.—He cannot make an allegation against me. I have not made any allegation against any Member.

Sri T. SUBRAMANYA (Minister for Law, Labour and Local Self-Government).—With due deference.....

Sri J. B. MALLARADHYA.—After pointing out that, the Hon'ble Minister cannot get up and speak like that. I will sit down.

Sri T. SUBRAMANYA.—I was appealing to the Hon'ble Members that if two or three members began to stand up and talk, there would be chaos in the House.

Sri J. B. MALLARADHYA.—After a lot of discussion and understanding, business for each day was allotted with regard to budget discussion, general discussion and the voting of demands. Yesterday was a day according to the

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order of business which was allotted for Medical, Public Health and Rural Development. It should have been finished yesterday itself. Even granting for special reasons you extend it, you cannot cut into the regular non-official business. I say this deprivation of privilege of members, whether to a large extent or to the minimum extent possible, would set up an inconvenient precedent. That is the point I have raised. It is for the Speaker to give a ruling.

ಶ್ರೀ ಜಿ. ಶಿವಪ್ಪ (ಚಿತ್ರದುರ್ಗ).—ಒಂದು personal explanation ನಿನ್ನೆಯ ದಿವಸ, ಹೆರ್ತ್ ಮಿನಿಸ್ಟರು ನಾಳೆ ರಿಪ್ಲೈ ಮಾಡುತ್ತಾರೆಂದು ಹೇಳಿದ ಟೈಮಿನಲ್ಲಿಯೇ, ನಮ್ಮ ಮಾನ್ಯ ಸ್ನೇಹಿತರು objection ತೆಗೆದುಕೊಳ್ಳಬೇಕಾಗಿತ್ತು. ಸ್ಪೀಕರ್ ರವರು ಒಂದು ನಲ ಇಂಥ ಬಿಸಿನೆಸ್ ಪ್ರಾರಂಭವಾಯಿತು ಎಂದು ಹೇಳಿದ ಮೇಲೆ, ಯಾರೇ ಆಗಲಿ ಪುನಃ point of order raise ಮಾಡಿಬಿಟ್ಟು ಬಿಸಿನೆಸ್ಸಿಗೆ ಅಡ್ಡಿ ಬಂದರೆ ಅದನ್ನು obstruction ಎಂದು ನಾನು ತಿಳಿದುಕೊಳ್ಳುತ್ತೇನೆ. ನಿನ್ನೆ ಹೆರ್ತ್ ಮಿನಿಸ್ಟರು ರಿಪ್ಲೈ ಕೊಡುತ್ತಾರೆಂದು ಬಿಸಿನೆಸ್ ಫಿಕ್ಸ್ ಮಾಡುವಾಗಲೆ objection ತೆಗೆದುಕೊಳ್ಳಬೇಕಾಗಿತ್ತು; ಅದು ಬಿಟ್ಟು point of order ಈಗ ಎತ್ತುವುದು ಸರಿಯಲ್ಲವೆನ್ನುವ ದೃಷ್ಟಿಯಿಂದ ಹೇಳಿದೆನೇ ಹೊರತು, ಶ್ರೀ ಮರ್ಲ್ಲಾರಾಧ್ಯರನ್ನು, ದೂಷಣೆ ಮಾಡಬೇಕು ಎನ್ನುವ ಅಭಿಪ್ರಾಯ ಇರಲಿಲ್ಲ.

Sri J. B. MALLARADHYA.—I do not think any consultation was made yesterday in regard to extension.

Mr. SPEAKER.—The point is, that the House was consulted in this respect. Yesterday, the Opposition Benches were empty and it was not possible to consult them. But the House was consulted. So, that some time should be taken to reply to the debate has already been consented to by the House. At the same time, it has been understood that the time allotted *viz* 3½ hours for the non-official business it should not be curtailed. I will take care to see that 3½ hours are given to the House for discussing the non-official resolutions today and the time that is taken now will not be taken from out of the non-official time that is allotted.

Sri K. K. HEGDE.—Mr. Speaker, at the very outset, I wish to express my thanks to the Hon'ble Members for having made some valuable suggestions and constructive criticisms. At the same time, I express my gratitude to some of the Hon'ble Members who have expressed appreciation regarding my departments work. The criticisms can be divided into general and individual. In the first instance, I will take up general criticisms. The foremost criticism levelled against the working of my department is about the inadequate supply of medicine to the various hospitals. I do not admit in the first instance that it is true in every case. There may be shortcoming here and there on rare occasions. Whenever that was brought to my notice—even in the last Budget Session it was brought to my notice—Government have made elaborate arrangements to see that medicines to all the hospitals are supplied properly. We have had handicaps, no doubt. But we have overcome them. With the present arrangements, the complaints are fewer. We have still to develop further. Mysore State is not what it was. It has enlarged. We have to cater to about 2,500 institutions. For this purpose, we have sanctioned additional staff to the tune of Rs. 65,000 every year. Further we have been providing additional accommodation. Last year we provided an additional quota of 50 per cent medicine to all the rural dispensaries. This year agian, we have increased the Budget allotment from 36 lakhs to 45 lakhs. Further, to overcome the deficiency of medical supplies, we have asked the Medical Officers to indent for 18 months and that too three months earlier. Further, we have given the right of purchase to individual institutions in case of emergency. We have issued instructions to the various district heads to inspect the rural dispensaries once in three months and look to the adequacy of medicinal supplies and report to the Head of the Department to enable him to attend that in cases of emergency, to supply medicines if there is any deficiency in rural areas from the district quota. Over and above that, when supplies are made, it has been brought to my notice that supplies are not made to the fullest extent; we have instructed the Stores Officer, wherever the supplies are not made fully, to intimate the Head of the

Department the list of medicines not supplied, so that the Director of Medicine and Public Health may issue non-availability certificates for such medicines, so that the medical officer may purchase locally and imburse his stores. To meet the demands of the major hospitals, in individual cases such as the Victoria Hospital, K.R. Hospital, Bowring Hospital and other big institutions, an additional quota of eight to ten lakhs has been sanctioned. Further, Government is examining the right of purchase at district levels, fixing the rates to the extent of their allotment. Further there are some difficulties—procedural difficulties—causing delay in the Stores Purchase Committee, which we are trying to overcome, such as supply position of these drugs by the concerns to institutions, etc. In certain cases they have failed to supply the full quota. We have also constituted committees for drug supplies and for equipment supplies. With these remarks, I may assure this Hon'ble House that with the increased allotment this year and the re-organisation of Medical Stores by providing additional staff, in the year to come, we will give no room for such complaints.

There are some references made with regard to transfers that they are made frequently. Generally officers are not transferred within three years of their last transfer. But in certain cases premature transfers are ordered to meet the demands when starting new dispensaries or providing special posts such as Radiologists, etc. In case of disciplinary action, to meet the public demand to fill up retirement vacancies, we had to bring about premature transfers. When transfers are effected, it has been the general policy of the Government, particularly in my department, to effect the same during April and May so that education of their children and such other difficulties may be avoided.

Then, statements were made regarding the failure to provide hospital facilities in rural areas. I know that the Hon'ble Members are aware of the acute shortage of medical personnel. Government have made every effort to meet the demand, particularly in the rural areas. Three-fourths of the institutions are located in rural areas. Government have sanctioned, apart from 112 Primary Health Centres of the Government of India, after integration, about 97 institutions. I will give you the figures: In 1956-57, three institutions were sanctioned ; in 1957-58, six ; in 1958-59 twelve and in 1959-60, seventy-six institutions are sanctioned. From 40 reduced scale dispensaries provided in the Second Plan, we have gone up to the figure of 97. We intend having in the year to come about 20 more reduced scale dispensaries and 37 family health centres.

Sri S. D. GAONKAR (Karwar).—I rise to a point of order. I find the Hon'ble Deputy Minister for Finance sitting on the other side. I like to know whether he has crossed the floor.

Mr. SPEAKER.—He has not crossed the floor.

1-30 P.M.

Sri K. K. HEGDE.—It has come to the notice of the Government and they are trying to do their best and have made it a policy to have buildings wherever a primary health centre is sanctioned. We have sanctioned Rs. 80,000 in this regard for every primary health centre. There are many instances where there are no buildings and we have asked the department to work up and find out where buildings are necessary. The blue-print may be available very shortly. The approximate amount that may be required to fulfil this necessity to the rural areas may come to about 3 to 4 crores. We have to have a phased programme for that. Any way, a token grant is made and 2. 15 lakhs have been allotted for 60-61 in the Budget.

Reference was made regarding the shortage of nurses and midives. We cannot import nurses from other States because of the language trouble and other things. Then, within one year or six months we cannot produce them because the training itself is for 3 ½ years. Some nurses have resigned after their contract period is over because they had

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attractive pay scales outside. The shortage is also due to the deputation of nurses for training. But, Government have been doing their best in this regard by preventing them from going out by way of giving them attractive pay here itself. We have revised the pay scales twice and today the pay with the allowances is fairly satisfactory. Now, it is from 75 to 180 plus the dearness allowance and the rural allowance. We are starting three more Nursing Centres from 1960-61. From next year onwards we will be having about 253 nurses trained every year which I think will meet the demands in the years to come.

DR. A. R. KARISIDDAPPA.—May I know the centres for this training?

SRI K. K. HEGDE.—In Bangalore we have the Bowring Hospital and the Victoria Hospital. At Mysore we have K. R. Hospital; Wenlock Hospital at Mangalore and three more in Gulbarga, Hubli and Bellary. We are also framing uniform rules and we have sent 4 candidates for the Sisters Tutors Training in 58-59, 7 in 59-60. Regarding Compounders, we have increased the stipends from 15 to 20. Regarding midwives, both on the medical side and the public health side there is no shortage. We have increased the training capacity and the stipend is also increased.

Regarding the rural hospital the acutest problem that faces us is the dearth of medical personnel. But, Government have been doing their best to provide medical officers wherever it has been possible either by providing full time or temporary posting. In this connection, I would like to mention that we have to provide medical personnel to fill up the retiring places, where new dispensaries are started, to the Health Centres and new schemes like the National Malaria Eradication Schemes, the Leprosy Control Programme, Health Education Programme, Employees State Insurance Programme and also for meeting the demand of the increased bed strength. We do not have post-graduate course and so we have to depute in spite of our shortage of medical personnel. We have deputed 20 people outside India at the Government expenditure and 40 people on their own. We have deputed 80 people for the condensed course. We have to fill up vacancies caused by this deputation. The availability is little and the demands are increasing and the development programmes are mounting up. At present we have only one Medical College and it can supply about 60 doctors of which 25 may join the service. I hope, Hon'ble Members will realise how difficult the psoition is. You may ask me, what the Government is doing all this time. We know, we ought to have a plan before us. I do not want to have a post-mortem examination of the post, but I may bring it to the notice of the House what the Government have been doing their best. To make the posts more attractive, we improved the pay scales in July 1959 for the second time after integration. After five years' service in the rural areas, *i.e.*, taluk headquarters, they will get from Rs 250 to 600 which compares not only favourably, but, I may say, also better than the neighbouring States, which pay 150 to 300.

SRI G. N. PUTTANNA (Tumkur).—What are the principles laid down by the Government in selecting L. M. P. doctors for condensed course. Is it dependent on influence or on qualification?

SRI K. K. HEGDE.—Rules have been framed regarding that. A Committee has beeen set up. If the Hon'ble Member would look into the rules he will know how the candidates are selected.

Re-employing retiring medical officer I have been narrating how we have been meeting this demand–re-adjustment of doctors in the various institutions without sacrificing efficiency and appointing honorary medical officers wherever available. Recruiting local candidates, increasing the age of recruitment by making local adjustments and sending medical officers from district headquarters hopitals wherever temporary vacancies arise and sending people for post-graduate course to Colleges. Failing to reach this demand

with this adjustment, Government have to close some of the dispensaries, but not all the time. We have been trying to post the doctors in the shortest period. But whatever be the temporary remedies that I have suggested, you may ask what are the permanent measures that the Government have taken. I may say the doctors cannot be produced in a year or two. They have to undergo at least 5 years' training and one years' work in rural places so that 5-6 years we cannot straightway say that though we want doctors, we cannot get them. As a permanent measure we have taken some steps. We have increased the admission to the three Colleges and we have also sought the Central Government's permission to increase the admission capacity of the Bangalore and Mysore Medical Colleges. We have also increased the admission capacity of the Hubli Medical College from 80 to 100. We also intend starting post-graduate courses in our institutions. We intend to have at least two more Colleges through the Third Five-Year Plan. We hope to get at least one in the near future. At the time of integration, Government had not even one College under their control. After integration, Government started a new College. We took over another Medical College in Bangalore that was run by the Mysore Education Society and also took over the Mysore Medical College in September 1958. As regards the Mysore Medical College, some of my friends said that the Degree that has been conferred by the University was not recognised. I may tell my Hon'ble friends here that it has been recognised as a temporary measure and till such time that we complied with some of the recommendations made by the Indian Medical Council. The Indian Medical Council sent a Commission to look into the facilities that are available in the Mysore Medical College. As soon as we took over the College, we have complied with almost all the suggestions made by the Medical Council, almost *in toto*. But as regards accommodation, you will also agree with me that it cannot be attended to overnight. We have sanctioned accommodation for 400 extra beds; we have sanctioned a building costing about Rs. 17 lakhs, the revised estimates of which have gone up Rs. 21 lakhs. We are also upgrading the Chaluvamba Hospital, increasing the bed strength; a Pathology section has been sanctioned; a children's ward has been sanctioned, the estimate for which has been called for. As regards boys and girls hostel, we have selected a site and plans and estimates are under execution and the building work will be taken up soon. We have started condensed M. B. B. S. course. Regarding the Bangalore Medical College, the requirements that have been suggested by the Committee have been complied with. The College building is almost complete; the boys' hostel and the girls' hospital are coming up. The Victoria hospital is further extended under a scheme of Rs. 5 lakhs. As regards the Karnatak Medical College, the hostpital section accommodating 100 beds has been opened on the first of January and the girls' hostel on the 12th of January. All other buildings are coming up much ahead of schedule and we hope to have all the institutions including the College by the end of this year, anyway at the latest by June 1961.

As regards the staffing of Medical College, we have done our best consistent with the number of students there. Consistent with the number, the staff provided for is ample. We are getting qulified people in the near future. We are expecting three Pathologists. Two are qualified in Medicine and one in Gynæcology and many more we are expecting in 60-61. With these facilities of the doctors coming from outside the post-graduate training, I may say that things will be rectified. I think I have answered many of the points raised.

Sri G. N. PUTTANNA.—The lady doctors after passing the M. B. B. S. Examination will be asked to undergo House Surgeon Course. There is no place for them to stay in the hostel and they connot stay in the hostel. Are the Government making any arrangements for the stay of such candidates during the House Surgeon course ?

Sri K. K. HEGDE.—Perhaps he is referring to Mysore where doctors must have felt some difficulty. As a stop-gap arrangement we have been permitted to stay with nurses, because there is no other accommodation for the lady doctors. We are taking up the question and we are going to have quarters for these doctors. We are also having the internees' quarters.

As regards post graduate courses, in 1959-60 we have deputed at Government level 8 abroad and 22 on their own.

We hope to send as many this year also and thus try to meet the demands of these medical colleges.

As regards medical education, I may further say that Government are thinking of introducing full-time teaching units in the clinical section. We have reorganised the staff and improved the scales of pay and allowances. We also intend having a separate cadre for the teaching section. We appointed General Bhatia to go into this question and his report has been received by the Government. We have also taken action on his report and it will be implemented at the earliest occasion.

Sri G. N. PUTTANNA.—What about family planning ?

Sri K. K. HEGDE.—I will come to that. We also intend reorganising the whole set-up of our medical education. We are thinking of starting a post-graduate course in pharmacology. We are also thinking of starting post-graduate course in medicine and surgery whenever facilities become available.

As regards technicians, some members complained about shortage of technicians. I admit we are short of technicians particularly in the laboratory, X-ray and refraction sections. We have started training courses in the Victoria Hospital. The refractionists training course was started in 1957-58, the pathology course in 1958–59, the anæsthesia course in 1959-60 and the laboratory technician's course in 1956–57.

As regards dental college, our State had no dental college before. We started a dental college in 1958 with 10 seats. In 1959 also we admitted 10 students. This year we intend admitting 30 students. We have sanctioned a building costing Rs. 13.1 lakhs. We have also sanctioned equipment worth Rs. 6 lakhs. We have also sent 4 medical graduates for the B. D. S. training course. As regards appointment of people qualified in dental surgery we are taking action so that we may appoint them at the districts as well.

As regards bed strength, we have increased it in 1957-58 by 703 and in 1958-59 by 831. I have not received the figures for 1959-60, but it will be over 1,000. In the hospitals in the districts and at the lower levels we have made every attempt to provide extra beds and it is the intention of the Government to make all the district hospitals self-sufficient in the matter of beds etc.,

As regards tuberculosis, we have opened the Kamala Nehru T. B. Sanatorium having a bed strength of 160. It started with 80 beds last year and we will have 160 beds this year. We have also increased the bed strength in the Isolation Hospital. We have sanctioned 7 T. B. Clinics. They are functioning at Chitaldurg, Mangalore, Mercara and Mandya. The other 3 will be opened at Hubli, Shimoga and Hassan. We have domiciliary treatment in Bangalore and Mysore. We have started T.B. training and demonstration centre attached to the Lady Willingdon T. B. Institute here with the assistance of the Central National T. B. Institute. We are also taking over the Victory Colony and starting an After-Care Rehabilitation Centre. The Central Government has been pleased to start the National T. B. Centre here.

In this connection I would like to say that we have done well in introducing the employees' state insurance scheme last year and further extending it this year. In 1960-61 we intend further extending it to Mangalore, Bhadravati and Bellary. We have also received some praise for our work in this field.

I being an allopath, it is often alleged that I am not giving any attention to the Indian systems of

medicine. I may say that we are doing everything to encourage the Indian systems of medicine. We have started the Central Pharmacy to cater to the needs of the Ayurvedic institutions in the State. The foundation-stone of that institution was laid and the building would cost Rs. 4 lakhs. The two Ayurvedic institutions, the Jayachamarajendra Institute and the other one at Mysore, have been upgraded, the former one from 150 beds to 200 beds and the latter one from 140 beds to 200 beds. Government have also a scheme of starting a post-graduate course in Indian medicine in the Jayachamarajendra Institute after upgrading it. In Mysore additional facilities have been provided. We have given a Children's Ward at a cost of Rs. 59,000. We have also sanctioned the expansion of the anatomy theatre. Over and above that, private institutions have been encouraged. Sanction has been given for starting two Ayurvedic medical colleges, one at Bangalore and the other at Belgaum. We are also encouraging other private institutions by giving liberal grants.

Sri U. S. NAYAK.—I do not know why Government is so very niggardly towards Ayurveda.

Sri K. K. HEGDE.—I am sorry the Hon'ble Member has not understood our policy. We have been doing our utmost consistent with our policy. The Hon'ble Member started an institution. Even without going into the details of that and without having facts and figures we sanctioned an *ad hoc* grant of Rs. 6,000.

Sri U. S. NAYAK.—Do you think that Rs. 6,000 is adquate for a college which is spending Rs. 40,000 ?

Sri K. K. HEGDE.—I say without having any facts and figures we gave an *ad hoc* grant of Rs. 6,000 to this institution.

Sri C. K. RAJAIAH SETTY.—What about starting an Indian Drugs Research Institute ?

Sri K. K. HEGDE.—That also is under examination.

Sri A. R. KARISIDDAPPA.—It is not enough merely revising the pay scales of doctors. Government have not revised the pay scales of compounders and laboratory technicians.

Sri K. K. HEGDE.—The revision of their pay scales is under examination. We have given them some rural allowance.

As regards public health, I may say that looking at the allotment and the expenditure, the results are quite satis-

2 P.M.

factory. We have sanctioned 8 primary health centres of the old Mysore type in 1956-57, 20 in 1957-58, 52 in 1958-59, 40 in 1959-60 and 112 in all and we intend sanctioning 47 more in 1960-61. We intend starting district laboratories, one in each district.

Sri Puttanna was interested to know about family planning centres, but he is not present here now. We have got a State Planning Officer and a Board to advise the Government in this matter. We have already started 10 urban centres and 30 rural centres and in 1960-61 we intend starting 7 urban centres and 28 rural centres. Over and above this there are 5 private institutions who are running this scheme. We are also supplying 1,500 rupees worth of contraceptives to these institututions. Till now we have spent Rs. 2 lakhs on this scheme and we intend to spend another Rs. 8 to 10 lakhs. We have also paid subsidy to the doctors and to the people who undergo this operation. We have also started family planning camps. Wherever 15 to 20 people come forward for undergoing this operation and intimate the district headquarters, the D.M.O. is directed to send a team to the nearby institution where they can be operated. Propaganda has been started and even the N.E.S. people are given training in family planning. There are three training centres at Ramanagaram, Mysore and Mangalore. The Government is thinking of starting a mobile van in every district headquarters if possible so that whenever the demand comes for any place, it may straightaway be sent there and operation conducted.

ಶ್ರೀ ಕೆ. ಪಿ. ರೇವಣ್ಣಸಿದ್ದಪ್ಪ.—ಯಾರು ಹೋದರೂ ಆಪರೇಷನ್ ಮಾಡುತ್ತಾರೋ ಅಥವಾ ಇಷ್ಟು ಮಕ್ಕಳಿಗೆ ಮೇಲ್ಪಟ್ಟಿರಬೇಕೆಂದಿದೆಯೇ ?

ಶ್ರೀ ಕೆ. ಕೆ. ಹೆಗ್ಗಡೆ.—ಮೂರು ಮಕ್ಕಳಿಗಿಂತ ಹೆಚ್ಚಾಗಿರುವವರಿಗೆ ಮಾಡಬೇಕೆಂದಿದೆ.

Sri M. RAMAPPA.—May I know the number of operations conducted in 1959 ?

Sri K. K. HEGDE.—841 men and 782 women were operated in 1959 and so far in 1960, 149 men and 155 women have been operated.

We do not have figures about the operations conducted by private doctors but we have figures about the subsidy claimed by people who have undergone this operation. In 1959, 18 people have claimed subsidy and in 1960, so far, 8 people have claimed it. We have also undertaken 8 camps this year. Last year, 22 people were operated under this scheme and in 1960, so far, 96 persons have been operated.

Sri M. RAMAPPA.—Is there any target set down for this purpose ?

Sri K. K. HEGDE.—This is the only scheme where we have not set down any target and we can spend any amount and any number could be operated upon.

As regards the building programme, 107 works are under progress out of which 51 were sanctioned in 1958-59. In 1959-60 works of the order of Rs. 140 lakhs were undertaken.

Coming to the various points raised by Hon'ble Members, the Hon'ble Member Sri Rasheed has referred to the recognition for the other systems of medicine. He himself is aware that a Bill in this connection is under the consideration of this House.

Sri Subbaiah Naik suggested that coir mattresses should be replaced by cotton mattresses. From the little experience we have, coir mattresses are more economical and lasting. But if there is any complaint in this regard and if it is brought to the notice of the doctor in charge, they will take necessary action to provide softer mattresses. I do not understand why my friend Sri Subbaiah Naik who is wearing khaddar should object to khaddar bed sheets.

Sri Revennasiddappa has made some charges against my department. If he had brought them to my notice, I would surely have looked into them and taken necessary action. My appeal to my friends here is not to indulge in exaggerated cirticism. I am here to help them and to set things right if they are brought to my notice. Members may be aware that I have taken stringent action whenever there has been dereliction of duty on the part of the officers. He wanted that the attitude of doctors and nurses should change. We have asked the nurses in all the major hospitals to keep a badge "How can I help or serve you ?".

ಶ್ರೀ ಕೆ. ಎರ್. ನರಸಿಂಹಯ್ಯ.—ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಬೋರ್ಡ್ ಆಫ್ ಡೈರೆಕ್ಟರ್ಸ್ ಎಂದು ಮಾಡಿದ್ದೀರಿ. ಅವರಿಗೆ ಇನ್‌ಸ್ಪೆಕ್ಷನ್ ಮಾಡಲು ಅಧಿಕಾರವಿದೆಯೇ ಹೊರತು ಔಷಧಿ ತರಿಸುವುದು ಮುಂತಾದುವಕ್ಕೆ ಅಧಿಕಾರವಿಲ್ಲ.

Sri K. K. HEGDE.—This has been constituted earlier. It is a purely advisory body and their suggestions are examined and in most cases they are implemented.

My friend Sri Karisiddappa wants a permanent cure for all diseases. I will be only too happy if any State or any country can do that. He has also suggested that all the transmitters or carriers of diseases should be destroyed

In this connection, I may say that the W.H.O. have taken up this issue as regards malaria. This State has already taken the first part of the control programme and we have launched the Malaria Eradication Programme last year and by 1964, we hope to root out malaria not only from this State, but from the world. As regards the other diseases, it is not possible to take isolated action and the issue can be tackled effectively only if all the other States take up the matter simultaneously under a planned programme. It is no use trying to eradicating diseases in isolated localities or in a particular State, because there will always be chances of getting infection from other areas.

Sri A. R. KARISIDDAPPA.—Is it not a fact that foreign countries like Russia

and Britain have wiped out diseases from their country ?

Sri K. K. HEGDE.—As regards small-pox, many of the countries have succeeded in wiping out. But even there, they are afraid of gettig infection from other countries and they are afraid of receiving any one from India. Therefore unless the whole world takes up that programme it is not possible to eradicate diseases. Further, I may tell for the information of the Hon'ble Member that we are launching a small-pox eradication pilot programme in the year 1960-61 inBijapur District.

Sri A. R. KARISIDDAPPA.—Periodical revaccination every three years has completely wiped out small-pox from that country.

Sri K. K. HEGDE.—I know that. As regards other diseases, unless the whole world takes up the matter simultaneously, it is not possible. We have taken steps to control filaria and similar diseases.

The other suggestion made by mp Hon'ble friend was that every one should have a medical check-up. When there is a shortage of medical men even for routine work in the departments, it is really difficult to find adequate staff to undertake this sort of work. One doctor can at best check up about 50 cases and even if the doctor works all the 300 days in the year, we require 1,500 men. I do not know how far we will be in a position to meet other demands if we divert all doctors for this check-up work.

Sri A. R. KARISIDDAPPA.—My suggestion is that in addition to the plan that is sponsored by the Central Government, why should not our State Government have plans of its own ?

Sri K. K. HEGDE.—I have no time to answer all these points, Sir. I cannot yield.

Then there is the complaint that we are not having enough nurses. As is well known, even the ladies who come forward for this work are far less than the requirement. When there is such a shortage of ladies I do not know how Government can direct a selection among the applicants so as to have good-looking nurses and people with good appearances or better looks.

Sri J. B. MALLARADHYA.—You may do something to attract them.

Sri K. K. HEGDE.—We are doing everything.

As regards specialists, I do agree with my friend that it is the ideal. We do not have post-graduate training. We have to depend for specialists from outside. I am also of the view that we should have all the specialists provided in the various district hospitals at lea t. We have that end in view and with that idea we are sending people for specialisation abroad.

Sri A. R. KARISIDDAPPA.—Is it a fact that Government is sending 10 or 12 people in the near future for further medical education or specialisation in certain subjects ?

Sri K. K. HEGDE.—Not 10 or 12. I think we are sending about 20 this year—not for subjects they want, but for subjects that we want them to study.

Then my friend Sri Muckannappa said about small-pox in his area. It is a fact that on 1st January, there were 30 attacks in Sira resulting in 7 deaths. I admit. But immediately vaccination was resorted and 40,000 people were vaccinated out of which 948 were primary vaccination and the whole situation is now under control.

Regarding Compounders, I have already stated that Rs. 10 will be given as rural allowance and their pay-scales will be examined along with others.

My friend Dr. Alva has remarked about the staff of the Hubli Medical College. I am sorry he is not here. I wish he had been here. I was thinking that he was a practical doctor with realistic views. I do not know whether he has gone there and seen things for himself. He has informed this House that the buildings have not come up. I have already stated that the buildings have come up and come up far ahead of the schedule. I think my Hon'ble friends coming from Hubli will bear testimony to that fact.

Sri K. PUTTASWAMY (Mysore).—The doctor narrated what things were not available there. Will the Hon'ble Minister tell us what things are there ?

Sri K. K. HEGDE.—I am going to tell you. Government have taken enough care to see that the staff and the buildings are provided at the earliest.

Sri J. B. MALLARADHYA.—We are interested in knowing as to what are the things that should be there but are not there.

Sri K. K. HEGDE.—To say in general terms, whatever is needed, consistent with the number of students there today, are provided.

We started a hospital at Hubli with a bed-strength of 150 on 1st January 1960. We have to expand it and make provision up to 600 beds by the end of this year.

Sir, Dr. Alva has remarked that the Victoria Hospital is nothing but a market. I am sorry that it comes from a medical man. Probably he had not seen the hospital before. The very fact that it is so much over-crowded is a testimony to the fact that it is very popular. We are also aware that the present requirements are not adequately met and therefore we have sanctioned an extension of the beds by 200. Additional buildings have also to be put up to the tune of five to seven lakhs; and we have also reorganised the whole of Victoria Hospital and stated what is called a unit system.

Sri L. S. VENKAJI RAO (Basavangudi).—If the Hon'ble Minister can yield, I want to ask, is not the Victoria Hospital near the Market?

Sri K. K. HEGDE.—But it is not part of the Market. Government are fully aware of the growing popularity and over-crowding in that hospital and Government are trying to increase the accommodation and provide assistance both surgical and other specialist facilities. He also wanted hospital to be started in Malleswaram. We have already thought of it. We have sanctioned a building worth Rs. 7 lakhs and the scheme is under execution and the foundation has been laid. He remarked that hostel facilities were not available. Probably, he is not aware of it. Close to the General Hostel, Boys Hostel has come up to the roof's level and we have started the Girls' Hostel near Vani Vilas Hospital.

Sri G. N. PUTTANNA.—What about the mental hospital? I wrote a letter to you about 6 or 9 months ago that the premises were dirty and that the place was nothing but a hell. Nothing has been done so far. What action has been taken to improve the hospital?

Sri K. K. HEGDE.—Is it a report given by a patient when he went there?

Sri G. N. PUTTANNA.—The patient's relative myself went there and I wrote a letter to you and you have replied me. But nothing has been done so far.

Sri K. K. HEGDE.—If it is a report by the patient, I need not take cognizance of it. But if it is a report by my friend Sri Puttanna, I will take cognizance of it. Regarding the Medical College at Hubli, he said that the staff for Ophtholmology, Midwifery, Anæsthesia and E.N.T. is not provided. We have got for Midwifery six students. We have provided a Lady Doctor with F. R. C. S. qualification and another Assistant Surgeon for six students. Then I have already told you that for clinical classes, there are 60 students as against 300 that would be there when the college becomes full-fledged. My friend probably has not visited this Institution. He must have been carried away by the report that must have been furnished to him by a layman looking into the Indian Medical Council Book and what is there and what has not been provided. Ophtholmology, Anæsthesia and E.N.T. are taken in the final year of Karnatak University and my friend is not aware of it. They will be taken in the last year and the necessary staff would be provided at the appropriate time. He said the hostel was not started. I know he comes from Madras College which has no hostel for a century. I think we could boast of ourselves when we have started a hostel along with the college building. We have opened a Girls' Hostel. He has informed me that there is some difficulty about it. Anyway, it is brought to my notice I will enquire and see what could possibly be done for that. He referred to blood bank.

We have made provision for it and we have started it on a big scale in the Victoria Hospital.

Sri G. N. PUTTANNA.—Why do you appoint unqualified persons on the Board of Visitors for Hospitals ? What advice can they give to qualified persons ? Is it not a great nuisance to doctors ?

Sri K. K. HEGDE.—We do not require any technical advice from anybody. We want what a layman feels about hospitals and what are his needs. To fulfil such needs, we appoint advisory boards and not for giving technical advice. We do not seek technical advice from a layman Sri Puttanna.

ಶ್ರೀ ಕೆ. ಎರ್. ನರಸಿಂಹಯ್ಯ (ಹೆಬ್ಬೂರು).—ಮೆಡಿಕರ್ ಫೀಜನ್ನು ಮಿಡಲ್ ಮತ್ತು ಪ್ರೈಮರಿ ಶಾಲೆಗಳ ವಿದ್ಯಾರ್ಥಿಗಳಿಂದ ತೆಗೆದುಕೊಳ್ಳುತ್ತೀರಿ. ವರ್ಷಕ್ಕೊಮ್ಮೆ ಡಾಕ್ಟರುಗಳು ಹೋಗಿ ಅವರನ್ನು ಪರೀಕ್ಷೆ ಮಾಡುತ್ತಾರೆಯೇ ?

Sri K. K. HEGDE.—It has not been possible to start in all the places. We have started in one district with one unit and we are expending it. As regards progress of various plan expenditure, I will give percentage of expenditure in various years ; in 1956-57, 92 per cent and it forms 5 or 6 months' allotment ; in 1957-58, it is 76 per cent ; in 1958 59, it is 84 per cent and in 1959-60, it is 90 per cent.

So far as plan targets are concerned, we hope to reach cent per cent targets. Even in the Public Health Department' there is a lot of difficulty to be overcome to reach the targets ; from 45 per cent and 61 per cent, last year we have reached up to 72 per cent till February and we hope to spend another Rs. 10 lakhs to Rs. 12 lakhs in March. Lastly, as regards comparative figures of expenditure in the neighbouring States, in Madras it is 5 per cent, Andhra 8.07 per cent and Mysore 9.1 per cent.

Sri M. C. NARASIMHAN.—In the Health Ministers' meeting, it was decided that it should be 10 per cent. So, why should it not be increased here ?

Sri K. K. HEGDE.—I attended the meeting. There is no directive to any State that they should spend 10 per cent. We agreed that with the Planning Commission we should ask to allot not less than 10 per cent for Public Health. As regards per capita expenditure in Madras, it is 1.64, in Andhra it is 1.67 and in Mysore it is 2.25. Anyway, I think, with these figures, I am sure my friends will be satisfied.

Lastly, I appeal to my friends here that I am one with them to provide all the facilities that are needed to the public, particularly to rural folk, but I do not like my friends exaggerating the things, that will lose the dignity of the criticism and the spirit with which it has been made. With this appeal, I recommend the demands to be approved.

2-30 P.M.

Mr. SPEAKER.—The question is :

"That the respective sums not exceeding the amounts shown in the list of Demands circulated to the members may be granted to defray the charges which will come in course of payment during the period ending 31st March, 1961, in respect of Demands Nos. 21, 22 and 24.

The motion was adopted.

[As directed by the Chair, the motions for demands for grants which were adopted by the House are reproduced below.—]

Demand No. 21.—Medical.

38. MEDICAL.

"That a sum not exceeding Rs. 3,10,57,000 be granted to the Government to defray the charges which will come is course of payment during the year ending 31st day of March 1961, in respect of 'Madical'."

Demand No. 22.—Public Health.

39. PUBLIC HEALTH.

"That a sum not exceeding Rs. 2,44,92,000 be granted to the Government to defray the charges

which will come in course of payment during the year ending 31st day of March 1961, in respect of 'Public Health'."

Demand No. 24.—Rural Development.

40-A. RURAL DEVELOPMENT.

"That a sum not exceeding Rs. 1,65,85,000 be granted to the Government to defray the charges which will come in course of payment during the year ending 31st day of March 1961, in respect of 'Rural Development'."

NON-OFFICIAL RESOLUTIONS

Re.—Changing the Name of "Mysore" to "Karnataka"

Mr. SPEAKER.—Non-official resolution. Sri M. K. Bommegowda will speak.

Sri M. K. BOMMEGOWDA (Krishnarajpet).—I have concluded my speech.

Sri KADIDAL MANJAPPA (Minister for Revenue).—Sir, I have given a notice of motion under rule 227 read with rule 30 (2) of the Rules of Procedure and Conduct of Business, in connection with the resolution of Sri M. Ramappa. With your permission I move this motion:

"That the debate on the Hon'ble Member Sri M. Ramappa's resolution for changing the name of Mysore to Karnataka be adjourned *sine die*."

Mr. SPEAKER.—Motion moved:

"That the debate on the Hon'ble Member Sri M. Ramappa's resolution for changing the name of Mysore to Karnataka be adjourned *sine die*."

ಶ್ರೀ ಕಡಿದಾಳ್ ಮಂಜಪ್ಪ.—ಸ್ವಾಮೀ, ಡಾ. ನಾಗೂರರವರ ಆಕ್ಷೇಪಣೆಗಳಿಗೆ ಒಳಗಾಗುವುದಕ್ಕೆ ಇಷ್ಟಪಡುವುದಿಲ್ಲ. ಅದರಿಂದ ನಾನು ಕನ್ನಡದಲ್ಲೇ ಮಾತನಾಡುತ್ತೇನೆ. ಈ ಸಭೆಯ ಮುಂದೆ ಮಾನ್ಯ ಸದಸ್ಯರಾದ ಶ್ರೀಮಾನ್ ರಾಮಪ್ಪನವರು ತಂದಿರತಕ್ಕ ನಿರ್ಣಯ ಬಹಳ ಪ್ರಾಮುಖ್ಯವಾದ ನಿರ್ಣಯ.

*Sri J. B. MALLARADHYA (Nanjangud).—On a point of order. I want to ask whether the rules quoted by the Hon'ble Minister are applicable to the circumstances of the case.

Mr. SPEAKER.—It is an adjournment motion.

Sri J. B. MALLARADHYA.—In regard to motions for adjournment itself, I have something to say. Chapter XV of the Rules of Procedure relates to the resolutions and Chapter XVI relates to Motions. Rule 227 says:

"At any time after a motion has been made, a member may move that the debate on the motion be adjourned".

That is so far as motions are concerned. If we read the provisions relating to resolutions there is no corresponding section which enables a member to move for adjournment. It is very clear and there is a fundamental difference between resolutions and motions. Nowhere has any specific provision been made for postponement or adjournment of a resolution. A resolution is one which has been tabled for discussion as a result of a ballot and it is not as if it is a special motion. It is a formal resolution which has been admitted by the Speaker in accordance with rule 133 of the Rules of Procedure. Therefore, I want to know how the Minister for Revenus can move for postponement of the resolution under rule 277 read with 30 (2). The rules mentioned by the Minister apply exclusively to ordinary motione. The burden of my song is that there is no corresponding rule relating to resolutions.

Sri KADIDAL MANJAPPA.—Mr. Speaker, the Hon'ble Member tries to make a distinction between a motion and a resolution. A motion is general whereas a resolution is special. Every resolution comes in the shape of a motion. Rule 277 applies to the procedure to be followed in general.